FORM **SSV-2** (9-12-2019)



SURVEY OF SEXUAL VICTIMIZATION, 2018

State Prison Systems Summary Form U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT U.S. DEPT. OF COMMERCE U.S. CENSUS BUREAU

	DATA SUE	PPLIEDBY	
Name K	en Bush	Department S	Specialist
OFFICIAL ADDRESS	Number and street or P.O. Box/Route Number 176 BOX 30003	City LANSING State	ZIP Code 2/8909
TELEPHONE	Area code Number 335-138-9	FAX NUMBER 5/7	Number 335-5226
E-MAIL ADDRESS	bushk1@michiaa	1. a.oV	

MI002 E#s845544254

23 0 000 000 07 00000 000 00 SEQ001-00010 Michigan Department of Corrections Heidi Washington Director PO Box 30003 Lansing MI 48909

(Please correct any error in name, mailing address, and ZIP Code)

What facilities are included in this data collection?

All State-operated confinement facilities that are intended for adults but sometimes hold juveniles.

- INCLUDE prisons, penitentiaries, and correctional institutions; boot camps; community correction facilities; halfway houses; prison farms; reception, diagnostic, and classification centers; road camps; forestry and conservation camps; vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners.
- INCLUDE State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont.
- EXCLUDE privately operated facilities and facilities operated and administered by local governments. (These facilities will be contacted directly for data on sexual victimization.)
- EXCLUDE facilities that hold only juveniles. (These facilities will be contacted directly for data on sexual victimization.)

What inmates and incidents are included in this data collection?

Inmates under your custody between January 1, 2018, and December 31, 2018.

- INCLUDE incidents involving inmates under the authority, custody, or care of your confinement or community-based facilities or staff.
- EXCLUDE incidents involving inmates held in local jalls and facilities in other jurisdictions.

Reporting instructions:

- Please complete the entire SSV-2 Form.
- If the answer to a question is "not available" or "unknown," write "DK" (do not know) in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "0," mark the box (☒) provided.

Substantiated incidents of sexual violence:

 Please complete an Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.

Returning forms:

- If you need assistance, please call Greta Clark at the U.S. Census Bureau toll-free at 1-800-253-2078, or e-mail greta.b.clark@census.gov
- Please return your completed summary and substantiated incident forms by November 29, 2019.
- You may complete these forms online (see enclosed instructions.) Or if you prefer, you may return these forms by mail or fax.
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE): 1-888-262-3974

Burden Statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 60 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address:

Section I - INMATE-ON-INMATE SEXUAL VICTIMIZATION

DEFINITIONS

The survey utilizes the definition of "sexual abuse" as provided by 28 C.F.R. §115.6 in the National Standards to Prevent, Detect, and Respond to Prison Rape (under the Prison Rape Elimination Act of 2003). For purposes of SSV, sexual abuse is disaggregated into three categories of inmate-on-inmate sexual victimization. These categories are:

NONCONSENSUAL SEXUAL ACTS

Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;

AND

 Contact between the penis and the vulva or the penis and the anus including penetration, however slight;

OR

 Contact between the mouth and the penis, vulva, or anus;

OR

 Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.

ABUSIVE SEXUAL CONTACT

Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse;

AND

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
- EXCLUDE incidents in which the contact was incidental to a physical altercation.

SEXUAL HARASSMENT

Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.

Does your State prison system record allegations of inmate-on-inmate NONCONSENSUAL SEXUAL ACTS?		
01⊠Yes→	a. Do you record all reported occurrences, or only substantiated ones?	d
	o1⊠ All	
	02 ☐ Substantiated only	
	b. Do you record attempted NONCONSENSUAL SEXUAL ACT or only completed ones?	S
	01⊠ Both attempted and completed	87
	₀₂ ☐ Completed only	i.
₀₂	Please provide the definition used by your State prison system for inmate-on-inmate NONCONSENSUAL SEXUAL ACTS in the space below. Use that definition to complete Items 2 and 3.	
	Sing arguni ng a kang na sa sing a kang kang sa	
how many	January 1, 2018, and December 31, 20 y allegations of inmate on inmate SENSUAL SEXUAL ACTS were reported	
Numberr	eported 175 None	
salah di ANARAMENTAN SANTAN SA	gation involved multiple victimizations,	
 Exclude consens 	any allegations that were reported as ual.	
many wei responsible	egations reported in Item 2, how re — (Please contact the agency or office of investigating allegations of sexual on in order to fully complete this form.)	
a. Substa	ntlated	
have	event was investigated and determined to occurred, based on a preponderance of the nce (28 C.F.R. §115.72).	
b. Unsubs	stantiated <u>/</u> 29 □ None	
• The i	nvestigation concluded that evidence was licient to determine whether or not the event rred.	
c. Unfoun	nded	
range in a colorate Describes.	nvestigation determined that the event did NOT	Γ
	gation ongoing . — 🗀 🗆 None	
	ence is still being gathered, processed or evalu a final determination has not yet been made.	ate
e. TOTAL 3a thro	(Sum of Items 175 \square None	

The total should equal the number reported in Item 2.

4.	Does your State prison system record allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT? (See definitions on page 2.)	7. Does your State prison system record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)
	01 X Yes → Can these be counted separately from allegations of NONCONSENSUAL SEXUAL ACTS?	01 Yes → Do you record all reported allegations or only substantiated ones?
*	01 XYes 02	ot ⊠All o₂ ☐ Substantiated only
	02 ☐ No → Please provide an explanation in the space below and then skip to Item 7.	02 ☐ No → Please provide an explanation in the space below and then skip to Section II.
	·	
5.	Between January 1, 2018, and December 31, 2018, how many allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported?	8. Between January 1, 2018, and December 31, 2018, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?
	Number reported	Number reported <u>288</u> □ None • If an allegation involved multiple victims or inmate perpetrators, count only once.
	Exclude any allegations that were reported as consensual.	Exclude any allegations that were reported as consensual.
6.	Of the allegations reported in Item 5, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)	9. Of the allegations reported in Item 8, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)
	a, Substantiated	a. Substantiated 21 None
	b. Unsubstantiated 92 \square None	b. Unsubstantiated 228 □ None
	c. Unfounded	c. Unfounded
	d. Investigation ongoing	d. Investigation ongoing
	e. TOTAL (Sum of Items 126 In None	e. TOTAL (Sum of Items 286 None
	 The total should equal the number reported in Item 5. 	 The total should equal the number reported in Item 8.

SECTION II – STAFF ON INMATE SEXUAL ABUSE

DEFINITIONS

The survey utilizes the definition of "sexual abuse" by a staff member, contractor or volunteer as provided by 28 C.F.R. \$115.6 in the National Standards to Prevent, Detect, and Respond to Prison Rape (under the Prison Rape Elimination Act of 2003). For purposes of SSV, sexual abuse is disaggregated into two categories of staff-on-inmate sexual abuse. These categories are:

STAFF SEXUAL MISCONDUCT

Any behavior or act of sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor or other agency representative (exclude family, friends or other visitors).

Sexual relationships of a romantic nature between staff and inmates are included in this definition. Consensual or nonconsensual sexual acts include-

Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire;

OR

· Completed, attempted, threatened, or requested sexual acts;

 Occurrences of indecent exposure, invasion of privacy. or staff voyeurism for reasons unrelated to official duties or for sexual gratification.

STAFF SEXUAL HARASSMENT

Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include-

Demeaning references to gender; or sexually suggestive or derogatory comments about body or clothing;

OR

Repeated profane or obscene language or gestures.

	Does your State prison system	record
-	allegations of STAFF SEXUAL MISCONDUCT?	

01

Yes → Do you record all reported occurrences, or only substantiated ones?

O1 X All

oz Substantiated only

02 No -> Please provide an explanation in the space below and then skip to Item 13.

11. Between January 1, 2018, and December 31, 2018, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

Number reported 4

· If an allegation involved multiple victimizations, count only once.

12. Of the allegations reported in Item 11, how many were - (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

a. Substantiated

b. Unsubstantiated <u>3 /8</u> □ None

c. Unfounded

d. Investigation ongoing .

e. TOTAL (Sum of Items 12a through 12d)

The total should equal the number reported in Item 11.

	Does your State prison system record allegations of STAFF SEXUAL HARASSMENT? (See definitions on page 4.) 11	Section III - PRIVATE AND LOCAL ALLEGATIONS 16. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a privately operated facility? 11 Yes 12 No 17. Did any of the allegations reported in Items 2, 5, 8, 11, or 14 occur in a facility operated and administered by local governments? 11 Yes 12 No Section IV - TOTAL SUBSTANTIATED INCIDENTS OF SEXUAL VICTIMIZATION 18. What is the total number of substantiated incidents reported in Items 3a, 6a, 9a, 12a, and 15a? Total substantiated incidents
14.	Between January 1, 2018, and December 31, 2018, how many allegations of STAFF SEXUAL HARASSMENT were reported?	Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.
	Number reported	NOTES.
15.	Of the allegations reported in Item 14, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)	
	a, Substantiated None	
	b. Unsubstantiated 4/5 □ None	
	c. UnfoundedNone	
	d. Investigation ongoing . — — None	
	e. TOTAL (Sum of Items 15a through 15d) None • The total should equal the number reported in Item 14.	
	FORM SSV-2 (9-12-2019)	Page 5